



MODULE A
Organizational Profile



Date:

Visit Number:

Agency (Legal Applicant):

Program Name:

Physical Address:

Mailing Address (if different):

Phone:

Fax:

E-Mail:

GFBCI Commission Staff Completing Site Visit:

Program Staff Present:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

NOTES:

I. Program Assessment

1. Briefly describe the activities of the program.

2. Is the described activity in compliance with the approved grant activities outlined in the approved grant application? Yes___ No___

If NO, explain:

If modifications have been made were they approved in writing by the GFBCI?

Staff members are aware of technical assistance resources available for help with recruiting and supporting individuals with disabilities as AmeriCorps members, and use these resources appropriately.

3. Full-Time Slots Awarded: _____ Full-Time Slots Filled: _____

Part-Time Slots Awarded: _____ Part-Time Slots Filled: _____

Number of Volunteers: _____

Were any slots amended? Yes___ No___

If Yes, was written approval obtained from the GFBCI?

If slots were left unfilled explain:

II. Administrative Assessment

1. Does the program submit reports/forms/revisions in an accurate and timely manner?

- Member Enrollment and Exit Forms entered into WBRS in a timely manner?

Yes___ No___

If no, explain:

- Progress Reports entered into WBRS in a timely manner?

Yes___ No___

If no, explain:

Attach Performance Measures for current program year.

Methodology

How is data collected?

How often is data collected/compiled?

Data reported in most recent progress report can be substantiated through on-site record review?

- Budget Revisions Yes___ No___

If Yes, was written permission obtained from the Commission and a BR-1 completed and maintained on file?

- Financial Status Reports in WBRS Yes___ No___

Were FSR's (to date) submitted in a timely manner?

Were corrections made in the time frame agreed upon by Commission staff and the Program Director?

WBRS Notes:

III. Organizational Capacity

Board Development

Does the Program Director regularly communicate with the Board of Directors (attach a current list of Board members)? If so, how?

How often are Board meetings held?

Monthly__

Quarterly__

Bi-Annually__

How is the Board made aware of the AmeriCorps program?

Are minutes available for public review if requested in compliance with the Sunshine Law?

III. Public Awareness

Does the AmeriCorps office and the service sites display an AmeriCorps logo on:

Sign/Banner	Yes__	No__
Service Gear	Yes__	No__
Press Releases	Yes__	No__
Stationary	Yes__	No__
Recruitment Materials	Yes__	No__
Application Forms	Yes__	No__
Orientation Materials	Yes__	No__
Member Contracts	Yes__	No__
Timelogs	Yes__	No__
Other	Yes__	No__

Does the Program regularly engage in public awareness activities surrounding volunteerism and service?

Local Media

Public Officials

Local Civic Groups

Other Human Service Providers

Other

Notes:

IV. Organizational Policies

Does the agency have written policies and procedures in place?

Indicate YES or NO

If NO, attach action plan for each incomplete policy and a date to submit to the State Commission.

- | | | |
|-------------------------------------|--------|-------|
| • Grievance | Yes___ | No___ |
| • Background Checks | Yes___ | No___ |
| • Reasonable Accommodations | Yes___ | No___ |
| • Incident Reports | Yes___ | No___ |
| • Certified Emergency Response Team | Yes___ | No___ |
| • Confidentiality/Informed Consent | Yes___ | No___ |
| • Drug Free Workplace Policy | Yes___ | No___ |
| • Sexual Harassment Policy | Yes___ | No___ |
| • Fiscal Policy | Yes___ | No___ |
| • Travel Reimbursement Policy | Yes___ | No___ |
| • WBRs Password Security Policy | Yes___ | No___ |
| • Other (List) | | |

V. Service Sites:

List all service sites, contact name and activities performed by the members at the site(s). *Attached* *Yes* ____ *No* ____

If NO, list below:

Indicate if Module I is indicated in the Individualized Monitoring Plan for the current Program Year? Yes ____ No ____